PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This for	is should be led for transespondered including the Pelow or directed otherwise	mitting the ISSUE atent, advance order n Block 1, by (a)	FEE and Plers and notifi specifying a	UBLICATION FEE (if requirements of maintenance fees when we correspondence address;	ired). Blocks 1 through 5 sh vill be mailed to the current of and/or (b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for				
CURRENT CORRESPONDENCE 38013 755 HI INTON & WIL	E ADDRESS (Note: Use Block 1 for a 11/22/2004 LLIAMS LLP/RAME PROPERTY DEPART	BUS INC.		Note: A certificate of Fee(s) Transmittal. Th papers. Each additions have its own certificat	mailing can only be used for its certificate cannot be used for all paper, such as an assignment of mailing or transmission. retificate of Mailing or Transmission of Transmission of Transmittal is being with sufficient postage for first its top ISSUE FEE address PTO (703) 746-4000, on the design of the superior of t	r domestic mailings of the or any other accompanying at or formal drawing, must				
SUITE 1200				d'ansintted to die 900	(Depositor's name)					
WASHINGTON, DC 20006-1109					(Signature)					
						(Date)				
APPLICATION NO.	FILING DATE	F	TRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.				
09/944,545	08/31/2001		Donald R.	. Mullen	1726.7221000	3037				
TITLE OF INVENTION: M	ETHOD AND APPARATU	S FOR PROVIDIN	G AN INTEG	GRATED CIRCUIT COVER		DATE DUE				
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE					
nonprovisional	МО	\$1370		\$0	\$1370	02/22/2005				
EXAMINER ART UN		IT I	CLASS-SUBCLASS	J	1					
OWENS, DOUGLAS W 2811				257-678000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the nar or agents ((2) the nar registered 2 registere	reprinting on the patent front page, list the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is 1, no name will be printed.						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	HE PATENT	(print or type)		decrease has been filed for				
1	s an assignee is identified ben 37 CFR 3.11. Completion	-1i cae -	data will ann	ear on the natent. It an assi-	gnee is identified below, the	nocument has been med for				
(A) NAME OF ASSIGN		(B) RESIDENC	CE: (CITY and STATE OR C	OUNTRY)					
			l aa Alfaa		02/10/2005 SDENBOB2 00000027 09944545					
Rambus Inc. Please check the appropriate assignee category or categories (will not be pr			Control Control			roup entity Government				
		ones (will not be pr	. Payment of							
4a. The following fee(s) are	e enclosed:	•	A check	in the amount of the fee(s) is						
Issue ree				Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0206 (enclose an extra copy of this form).						
Advance Order - # o			The Direction Deposit Acc	ector is hereby authorized by count Number 50-0206	charge the required fee(s), o (enclose an extra	copy of this form).				
5. Change in Entity Statu	s (from status indicated above	e) 37 CFR 1.27.	b. Application Fee (if a	cant is no longer claiming SM	IALL ENTITY status. See 37 usly paid issue fee to the appli	CFR 1.27(g)(2).				
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re-	The requested to apply the ISS Publication Fee (if required) cords of the United States P	will not be accepte tent and Trademark	d from anyon Office.	e other than the applicant; a r	egistered attorney or agent; or	cation identified above. the assignee or other party in				
Authorized Signature	shows y	<u></u>			ebruary 8, 2005					

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Typed or printed name

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Thomas E. Anderson

37,063

Registration No.



Patent Application Attorney Docket No.: 57941.000038 Client Reference No.: RA210.P.US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

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Donald R. Mullen, et al.

: Group Art Unit: 2811

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Appln. No.: 109/944,545

: Examiner: Douglas W. Owens

Filed: August 31, 2001

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For: METHOD AND APPARATUS FOR

PROVIDING AN INTEGRATED

CIRCUIT COVER

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Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUBMISSION OF ISSUE TRANSMITTAL

Sir:

Submitted herewith is the Part B - Issue Fee Transmittal for the above-identified patent application.

- [] No additional fee is required.
- [X] Also attached: Change of Maintenance Fee Address, a check in the amount of \$1400.00, and Return Receipt Postcard.

Patent Application

Attorney Docket No.: 57941.000038

Client Reference No.: RA210.P.US

[X] The fee is calculated as shown below:

	PRESENT # OF CLAIMS	HIGHEST # PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	46	46 0		x \$50 =	\$.00
Independent Claims	8	8	0	x \$200 =	\$.00
			\$.00		
		\$1400.00			
		Subtract ½ i	\$.00		
		\$.00			
TOTAL FEE					\$1400.00

- [] Please charge Deposit Account No. 50-0206 in the amount of $\frac{\$.00}{1}$ for the above-indicated fees. A duplicate copy of this transmittal is submitted herewith.
- [X] The Commissioner is hereby authorized to charge any shortage in fees associated with the filing of this communication, or credit any overpayment, to Deposit Account No. 50-0206. A duplicate copy of this transmittal is submitted herewith.

Respectfully submitted,

Hydrton & Williams LLP

Thomas E. Anderson

Registration No. 37,063

TEA/vrp

Hunton & Williams LLP 1900 K Street, N.W.

Washington, D.C. 20006-1109

Telephone: (202) 955-1500 Facsimile: (202) 778-2201

Date: February 8, 2005